

Meningococcal Illnesses

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Meningococcal Illnesses are caused by a bacterium called *Neisseria meningitidis* and are serious, sometimes fatal illnesses. The most common illness is Meningitis, an infection of the coverings of the brain. Meningitis caused by *Neisseria meningitidis* must be treated immediately with hospitalization and IV (intravenous) antibiotics or the person may die. The disease usually starts suddenly with fever, chills, lethargy (i.e., a feeling of tiredness) and a rash with fine red "freckles" or purple splotches. Areas of bleeding under the skin cause this rash. With meningitis, older children and adults may complain of severe headache, neck pain and neck stiffness. In younger children, unusual irritability, poor appetite, excessive and high-pitched crying, vomiting and fever may be seen.

Who gets this disease?

Meningococcal illnesses primarily affect infants age 6- to 12-months-old and very small children but it can also occur in children and young adults. The illness is more common under crowded living conditions, such as barracks and institutions.

How is it spread?

The bacterium is passed from person to person when they are in very close contact. It is spread through infectious droplets of respiratory tract secretions (e.g., sneezing, coughing, nasal discharge, saliva). It can also be passed if people who then put their hands in their noses, eyes or mouths touch infected secretions. However, the bacteria cannot live on environmental surfaces - they quickly shrivel and die.

People can carry the germs, without knowing it, in their noses, mouths or throats without ever getting sick themselves. This is called "carrying" the germ or being a "carrier". The germs can be spread from carriers to other people who may then develop a meningococcal illness. Obviously, sick people can also pass the germs on.

The time from exposure to illness can be from 2-10 days, but it is usually one to four days. After one infection has occurred in a facility, there is then more than the usual number of people carrying the germ, so the risk of spread and serious disease becomes greater.

How is it diagnosed and treated?

Meningococcal infections are diagnosed by signs and symptoms and by examining a sample of blood and/or spinal fluid for white blood cells and bacteria. Spinal fluid is obtained by a physician performing a lumbar puncture (i.e., spinal tap).

People with these infections almost always require hospitalization and are treated with antibiotics.

How can the spread of this disease be prevented?

All parents and staff must be notified immediately if a person develops a meningococcal illness in a child care center.

If a person develops a meningococcal illness, close contacts of this patient (including family members and persons having intimate contact such as sleeping together, hugging and kissing) are at increased risk of developing the illness. In this situation, a physician may recommend: 1) watching for early symptoms of meningococcal illness, and/or 2) taking a preventive antibiotic to eliminate the bacteria from the body before disease begins.

Any child or adult who is a close contact and who develops symptoms such as fever or headache requires prompt evaluation by a health care provider **regardless** of whether or not this person has taken the preventive antibiotic.

Monitor the situation closely for two to three weeks. Make sure all ill children are seen by their doctors and that you are notified if another person develops meningococcal disease.

Notify parents or guardians about the occurrence of this illness and urge them to contact their *healthcare provider* for specific medical advice.

Contact the Bureau of Disease Control for recommendations about preventing spread of this illness and for assistance in implementing them.

Who should be excluded?

Children with meningococcal disease are too ill to attend child care. Close contacts should be excluded until treatment with prophylaxis is started.

Reportable?

Yes. Meningococcal illnesses are reportable by New Hampshire law.